

Case Number:	CM13-0030713		
Date Assigned:	11/27/2013	Date of Injury:	02/10/2004
Decision Date:	06/11/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 43 year-old male framer sustained an injury on 2/10/04 from a fall off a 10-12 foot tall roof while employed by [REDACTED]. The P&S report dated 11/29/04 noted the patient to be with left wrist fracture status post open reduction internal fixation and spinal fracture at T12-L1 status post lumbar reduction with T12 ASIA cervical spinal cord injury with subsequent removal of hardware in the left wrist on 8/11/04. He was able to return to work, but has some residual paresthesias in the legs. This presents mostly in the foot, for which he takes Neurontin. Exam showed lumbar range with some flexion and extension restriction and pain. His motor strength was 4/5 at the first toe, but was otherwise 5/5 throughout the lower extremities. He had $\hat{A}^{3/4}$ deep tendon reflexes at the right ankle and knee. Treatment recommendations included returning to his usual occupation with restrictions for the left wrist (mild impairment) and low back (no climbing and lifting limitations of 15 pounds). The report from the orthopedist on 2/20/13 noted the patient to be with diffuse low back radicular pain that traveled into the bilateral legs with associated numbness and tingling rated at 7-9/10. MRIs were reviewed, showing an old fracture at T12 without significant stenosis, and moderate bilateral L4 foraminal stenosis and disc extrusion on left. Exam showed 5/5 motor strength in the bilateral lower extremities, symmetrical reflexes, and normal mechanical lumbar range of motion. The impression was a history of T12 burst fracture with fusion nine years ago. The doctor felt that the patient was able to return to work. Recommendations included physical therapy and a trial of lumbar epidural steroid injection. The report dated 8/15/13 noted the patient to be with chronic pain in the low back and impaired activities of daily living. Diagnoses include lumbar pain, radiculopathy, and spinal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ONE HOME H-WAVE DEVICE FOR PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 115-118.

Decision rationale: The MTUS guidelines recommend a one-month trial of H-wave to be appropriate to permit the physician and physical therapist to study the effects and benefits of this therapy before proceeding further. H-wave should be used documented as an adjunct to ongoing treatment modalities within a functional restoration approach, even within the trial period. It should be documented as to how often the unit was used, as well as any outcomes in terms of pain relief and function. Trial periods of more than one month should be justified by documentation submitted for review. There is no documentation in the medical records provided for review that the patient has undergone this trial period, nor is there any documented consistent pain relief in terms of decreasing medication use or objective functional improvement in activities of daily living. There has not been a trial of treatment with a TENS unit either, which should occur prior to H-wave use. As such, the request is not medically necessary.